

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 1/7/04.

I. DISPUTE

Whether there should be reimbursement for CPT code 29999 –59 for date of service 9/25/03.

II. RATIONALE

The service in dispute is denied as “N (X322) – Documentation to substantiate this charge was not submitted or is insufficient to accurately review this charge”.

The Requestor states, on the Table of Disputed Services, “Insurance company refuses to pay reasonable and necessary after documentation substantiating procedure was provided.”

The Carriers position statement, dated 1/19/04, states, “The letter submitted with the dispute indicates the provider used this miscellaneous code to represent a thermal capsulorraphy. The operative report documents the provider debrided the SLAP lesion using an arthrocare thermal wand. The provider has billed for a debridement and has already been reimbursed.”

The Medical Fee Guideline, General Instructions III states, “Documentation of Procedure shall include pertinent information about the procedure including:

1. Exact description of procedure;
2. Diagnosis and rationale for the procedure;
3. Time required to perform the procedure;
4. Skill level necessary for performance of procedure;
5. Equipment used (if applicable); and
6. Other information as necessary.

The documentation provided, by the requestor, did not meet the required elements of the Medical Fee Guideline, therefore, reimbursement is not recommended.

III. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is not entitled to reimbursement.

The above Findings and Decision are hereby issued this 30th day of April 2004.

Terri Chance
Medical Dispute Resolution Officer
Medical Review Division

TC/tc